RENEWAL OF AGREEMENT 2018-2019 SCHOOL YEAR

BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND ARKANSAS DEPARTMENT OF EDUCATION (ADE) CHILD NUTRITION UNIT (CNU)

SFA/	School District:					LEA #: _			
NATIONAL SCHOOL LUNCH PROGRAM (NSLP) CFDA# 10.555					SCHOOL BREAKFAST PROGRAM (SBP) CFDA# 10.555/10.553				
	I	Dates:				Dat	tes:		
Regular Session	# of serving days:		Start Date	End Date	Regular Session	# of serving days:		Start Date	End Date
	ı	Dates:				Dat	tes:		
ADE Regular Summer Session	# of serving days:		Start Date	End Date	ADE Regular Summer Session	# of serving days:		Start Date	End Date
*AFTERSC	HOOL SNACK PI	VI (ASP) CFDA#	10.555	**SPECIAL MILK PROGRAM					
		Dates:				Dat	tes:		
Regular Session	# of serving days:		Start Date	End Date	Regular Session	# of serving days:		Start Date	End Date
	ſ	Dates:				Dat	tes:		
ADE Regular Summer Session	# of serving days:		Start Date	End Date	ADE Regular Summer Session	# of serving days:		Start Date	End Date
*This program requires a separate Schedule B.					**Available only if NSLP and SBP are not available.				
*ADE SEAMLESS SUMMER OPTION (SSO) (for Summer 2019) CFDA# 10.555									
	ſ	Dates:				Dat	tes:		
BREAKFAST	# of serving days:		Start Date	End Date	SNACK	# of serving days:		Start Date	End Date
□ LUNCH	ı	Dates:				Dat	tes:		
	# of serving days:		Start Date	End Date	SUPPER	# of serving days:		Start Date	End Date
*This program requires a separate Seamless Summer Schedule C-19. Contact Child Nutrition Unit for details.									
ADE Child Nutrition Program FFATA Funding Source for LEA Sub Awards: <u>CFDA Title</u> : Child Nutrition Cluster <u>CFDA#:</u> 10.555 <u>Award Name</u> : Child Nutrition Federal Agency: United States Department of Agriculture School Year 2018-19 Funded by Federal Fiscal Year (FFY) 2018 and 2019.									
Optional Agreement and Policy Statement Revisions for the 2018-19 School Year. Check Yes if revisions are attached, check No if revisions were not made from 2015-16 Original Agreement and Policy Statement. YES NO YES NO Civil Rights Assurances Attestation Food Safety Plan Attestation Procurement Policy and Procedures Food Safety Plan Attestation									
Superintendent Name (print):					District Child Nutrition Director Name (print)				
Original Signature:					Original Signature:				
Date:					Date:				
ADE CHI	n with origi LD NUTRITION est 3 rd Street, S	I UNIT		ADE CNU	by May 21, 2	2018:		Date:	

Little Rock, AR 72205-4665

Suzanne Davidson, Director

Child Nutrition Unit